

AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

Civil Action No. 22-cv-1763

PROOF OF SERVICE*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* Limeng Yan
 was received by me on *(date)* 11/09/2022.

☐ I personally served the summons on the individual at *(place)* _____
 _____ on *(date)* _____; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* _____
 _____, a person of suitable age and discretion who resides there,
 on *(date)* _____, and mailed a copy to the individual's last known address; or

☐ I served the summons on *(name of individual)* _____, who is
 designated by law to accept service of process on behalf of *(name of organization)* _____
 _____ on *(date)* _____; or

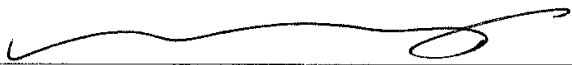
☐ I returned the summons unexecuted because _____; or

☒ Other *(specify)*: Defendant Limeng Yan was served by mail with a receipt signed by her authorized agent on
 November 12, 2022 at 11654 Plaza America Dr, Reston, VA 20190 pursuant to
 Pennsylvania Code Rule 403 and 404 (2).

My fees are \$ 11.60 for travel and \$ _____ for services, for a total of \$ 11.60.

I declare under penalty of perjury that this information is true.

Date: 11/16/2022



Server's signature

Honglei Yang

Printed name and title

4350 Von Karman Ave, Suite 400
Newport Beach, CA 92660

Server's address

Additional information regarding attempted service, etc:
 See attached confirmation receipt and service agreement



November 16, 2022

Dear Emma Yang:

The following is in response to your request for proof of delivery on your item with the tracking number:
9410 8092 0212 1093 8818 00.

Item Details

Status: Delivered, Front Desk/Reception/Mail Room
Status Date / Time: November 12, 2022, 12:32 pm
Location: RESTON, VA 20190
Postal Product: Priority Mail®
Extra Services: Signature Confirmation™
Up to \$100 insurance included
Recipient Name: Limeng Yan
Actual Recipient Name: U UPS

Note: Actual Recipient Name may vary if the intended recipient is not available at the time of delivery.

Shipment Details

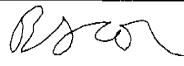
Weight: 2lb, 0.0oz

Destination Delivery Address

Street Address: 11654 PLAZA AMERICA DR
City, State ZIP Code: RESTON, VA 20190-4700

Recipient Signature

Signature of Recipient:


UPS

Address of Recipient:

11654 PLAZA AMERICA DR
RESTON, VA 20190

Note: Scanned image may reflect a different destination address due to Intended Recipient's delivery instructions on file.

Thank you for selecting the United States Postal Service® for your mailing needs. If you require additional assistance, please contact your local Post Office™ or a Postal representative at 1-800-222-1811.

Sincerely,
United States Postal Service®
475 L'Enfant Plaza SW
Washington, D.C. 20260-0004

United States Postal Service®

Application for Delivery of Mail Through Agent

See Privacy Act Statement on Reverse

1. Date

10/6/2022

In consideration of delivery of my or our (firm) mail to the agent named below, the addressee and agent agree: (1) the addressee or the agent must not file a change of address order with the Postal Service™ upon termination of the agency relationship; (2) the transfer of mail to another address is the responsibility of the addressee and the agent; (3) all mail delivered to the agency under this authorization must be prepaid with new postage when redeposited in the mails; (4) upon request the agent must provide to the Postal Service all addresses to which the agency transfers mail; and (5) when any information required on this form changes or becomes obsolete, the addressee(s) must file a revised application with the Commercial Mail Receiving Agency (CMRA).

NOTE: The applicant must execute this form in duplicate in the presence of the agent, his or her authorized employee, or a notary public. The agent provides the original completed signed PS Form 1583 to the Postal Service and retains a duplicate completed signed copy at the CMRA business location. The CMRA copy of PS Form PS 1583 must at all times be available for examination by the postmaster (or designee) and the Postal Inspection Service. The addressee and the agent agree to comply with all applicable Postal Service rules and regulations relative to delivery of mail through an agent. Failure to comply will subject the agency to withholding of mail from delivery until corrective action is taken.

This application may be subject to verification procedures by the Postal Service to confirm that the applicant resides or conducts business at the home or business address listed in boxes 7 or 10, and that the identification listed in box 8 is valid.

2. Name in Which Applicant's Mail Will Be Received for Delivery to Agent.

(Complete a separate PS Form 1583 for EACH applicant. Spouses may complete and sign one PS Form 1583. Two items of valid identification apply to each spouse. Include dissimilar information for either spouse in appropriate box.)

LIMENG YAN

3a. Address to be Used for Delivery (Include PMB or # sign.)

11654 PLAZA AMERICA DR #763

3b. City

Reston

3c. State

VA

3d. ZIP + 4®

20190-4700

4. Applicant authorizes delivery to and in care of:**a. Name**

The UPS Store #316

b. Address (No., street, apt./ste. no.)

11654 PLAZA AMERICA DR

c. City

Reston

d. State

VA

e. ZIP + 4

20190-4700

5. This authorization is extended to include restricted delivery mail for the undersigned(s):

No

6. Name of Applicant

LIMENG YAN

Two types of identification are required. One must contain a photograph of the addressee(s). Social Security cards, credit cards, and birth certificates are unacceptable as identification. The agent must write in identifying information. Subject to verification.

a.

b.

7a. Applicant Home Address (No., street, apt./ste. no)

67 BIG CREEK CT

7b. City

LAS VEGAS

7c. State

NV

7d. ZIP + 4

89148

7e. Applicant Telephone Number (Include area code)

(203) 570-5431

9. Name of Firm or Corporation

N/A

10a. Business Address (No., street, apt./ste. no)

N/A

10b. City

N/A

10c. State

N/A

10d. ZIP + 4

N/A

10e. Business Telephone Number (Include area code)

N/A

11. Type of Business

N/A

Acceptable identification includes: valid driver's license or state non-driver's identification card; armed forces, government, university, or recognized corporate identification card; passport, alien registration card or certificate of naturalization; current lease, mortgage or Deed of Trust; voter or vehicle registration card; or a home or vehicle insurance policy. A photocopy of your identification may be retained by agent for verification.

12. If applicant is a firm, name each member whose mail is to be delivered. (All names listed must have verifiable identification. A guardian must list the names of minors receiving mail at their delivery address.)**13. If a CORPORATION, Give Names and Addresses of Its Officers**

N/A

14. If business name (corporation or trade name) has been registered, give name of county and state, and date of registration.

N/A

Warning: The furnishing of false or misleading information on this form or omission of material information may result in criminal sanctions (including fines and imprisonment) and/or civil sanctions (including multiple damages and civil penalties).

15. Signature of Agent/Notary Public**16. Signature of Applicant (If firm or corporation, application must be signed by officer. Show title.)**

Privacy Act Statement: Your information will be used to authorize the delivery of your mail to the designated addressee as your agent. Collection is authorized by 39 USC 401, 403, and 404. Providing the information is voluntary, but if not provided, we cannot provide this service to you. We do not disclose your information without your consent to third parties, except for the following limited circumstances: to a congressional office on your behalf; to financial entities regarding financial transaction issues; to a USPS® auditor; to entities, including law enforcement, as required by law or in legal proceedings; to contractors and other entities aiding us to fulfill the service; and for the purpose of identifying an address as an address of an agent who receives mail on behalf of other persons. Information concerning an individual who has filed an appropriate protective court order with the postmaster will not be disclosed except pursuant to court order. For more information on our privacy policies, see our privacy link on usps.com®.

備註 / OBSERVATIONS



HONG KONG SPECIAL ADMINISTRATIVE REGION, PEOPLE'S REPUBLIC OF CHINA

護照類別 / TYPE 簽證國代碼 / CODE OF ISSUING STATE 護照號碼 / PASSPORT NO.
PASSPORT P CHN

PASSPORT

P

CHN

姓 / SURNAME

閏 / YAN

名 / GIVEN NAMES

麗夢 / LIMENG

國籍 / NATIONALITY

CHINESE

性別 / SEX

F

發售日期 / DATE OF ISSUE

01 AUG 19

發發機關 / AUTHORITY

香港特別行政區入境事務處

IMMIGRATION DEPARTMENT, HONG KONG SPECIAL ADMINISTRATIVE REGION

出生日期 / DATE OF BIRTH

14 NOV 83

出生地點 / PLACE OF BIRTH

SHANDONG

有效期至 / DATE OF EXPIRY

01 AUG 29

P<CHNYAN<<LIMENG<<<<<<<<<<<<<<<<<<<<<<<<<<
HJ20213095CHN8311140F2908018<M1277338<<<<<74